

**State of Montana**  
**Division of Banking and Financial Institutions**  
**P.O. Box 200546**  
**Helena, MT 59620-0546**  
**(406) 841-2920**

**ESCROW BUSINESS BOND (MONTANA)**

<hr/> Principal (Licensee)	<hr/> Surety
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<hr/> Licensee Address	<hr/> Home Office Address
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<hr/> City	<hr/> State	<hr/> Zip	<hr/> City	<hr/> State	<hr/> Zip
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**ADMINISTRATOR:** Division of Banking and Financial Institutions, State of Montana

BOND NUMBER: \_\_\_\_\_

THE ABOVE NAMED PRINCIPAL AND SURETY (WHO IS DULY QUALIFIED TO DO BUSINESS IN THE STATE OF MONTANA) ARE HEREBY BOUND IN THE PENAL SUM OF \$100,000 FOR PAYMENT UNDER THE FOLLOWING TERMS AND CONDITIONS:

1. The above-named principal is licensed or has applied to the Department for a license to conduct escrow business pursuant to the Regulation of Escrow Businesses Act, Section 32-7-101, MCA.
2. The State of Montana or any person(s) suffering loss or damages shall have the right to bring an action on this bond against the principal or surety.
3. This bond is one continuing obligation and in no event shall the liability of the surety exceed the penal sum of \$100,000 for the aggregate of any claims occurring during the term of this bond.
4. The surety shall have the right to terminate its obligation under this bond by filing written notice with the Department at least 30 days prior to the effective date of such termination. Obligations of the surety arising prior to the effective date shall not be affected by the termination.
5. In the event the surety under this bond makes full or partial payment on this bond, said surety shall immediately give written notice of such payment to the Montana Division of Banking and Financial Institutions.

This bond shall take effect on \_\_\_\_\_ and shall continue in force until it is terminated or cancelled.

EXECUTED ON this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Principal

BY \_\_\_\_\_

NOTE: Persons executing for surety  
other than corporate officers must  
attach Power of Attorney

SURETY \_\_\_\_\_

BY \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE # \_\_\_\_\_